

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021850 1. Entity Name AUTOGRAPH GUARANTY LLC	
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Principal Place of Business 1500 INDEPENDENCE BLVD., SUITE 220 SARASOTA, FL 34234	Mailing Address 1500 INDEPENDENCE BLVD., SUITE 220 SARASOTA, FL 34234
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02272004 No Chg-LLC

CR2E083 (10-03)

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4. FEI Number
22-3755229

Applied For
No Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent SALZBERG, MARK 1500 INDEPENDENCE BLVD. SARASOTA, FL 34234
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

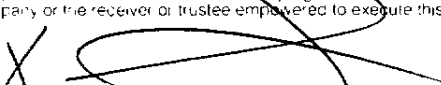
SIGNATURE _____ DATE _____
I am a duly qualified and licensed registered agent in the State of Florida. (Not if Registered Agent's signature required when filing this report.)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
NAME SALZBERG, MARK STREET ADDRESS 901 NORSOTA WAY CITY, STATE, ZIP SARASOTA, FL 34242	
NAME STREET ADDRESS CITY, STATE, ZIP	
NAME STREET ADDRESS CITY, STATE, ZIP	
NAME STREET ADDRESS CITY, STATE, ZIP	
NAME STREET ADDRESS CITY, STATE, ZIP	
NAME STREET ADDRESS CITY, STATE, ZIP	

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IN THIS SPACE**

11. I, the entity, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information contained on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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